

RECEIVED  
CENTRAL FAX CENTER  
MAR 12 2008

001

## FAX TRANSMISSION

DATE: March 12, 2008

PTO IDENTIFIER: Application Number 10/516,733-Conf. #8573  
Patent Number  
Inventor: You-Ping Chan et al.

MESSAGE TO: US Patent and Trademark Office

FAX NUMBER: (571) 273-8300

FROM: PATTON BOGGS LLP

Lacy L. Kolo

PHONE: (703) 744-8000

Attorney Dkt. #: 022290.0122PTUS

PAGES (Including Cover Sheet): 17

CONTENTS: Transmittal (1 page)  
Fee Transmittal (1 page)  
Petition for Extension of Time (1 page)  
Amendment in Response to Non-Final Office Action (12 pages)  
Credit Card Payment Form (1 page)  
Certificate of Transmission (1 page)

If your receipt of this transmission is in error, please notify this firm immediately by collect call to sender at (703) 744-8000 and send the original transmission to us by return mail at the address below.

This transmission is intended for the sole use of the individual and entity to whom it is addressed, and may contain information that is privileged, confidential and exempt from disclosure under applicable law. You are hereby notified that any dissemination, distribution or duplication of this transmission by someone other than the intended addressee or its designated agent is strictly prohibited.

PATTON BOGGS LLP  
8484 Westpark Drive, 9th Floor, McLean, Virginia 22102  
Telephone: (703) 744-8000 Facsimile: (703) 744-8001

3684519

1

RECEIVED  
CENTRAL FAX CENTER

MAR 12 2008

PTO/SB/21 (01-08)

Approved for use through 01/31/2008. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL  
FORM

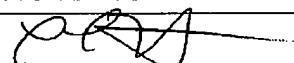
(to be used for all correspondence after initial filing)

		Application Number	10/516,733-Conf. #8573
		Filing Date	December 6, 2004
		First Named Inventor	You-Ping Chan
		Art Unit	1654
		Examiner Name	D. Lukton
Total Number of Pages in This Submission	17	Attorney Docket Number	022290.0122PTUS

## ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Credit Card Payment Form Certificate of Transmission
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts/Incomplete Application	<input type="checkbox"/> Remarks	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	PATTON BOGGS LLP		
Signature			
Printed name	Lacy L. Kolo		
Date	March 12, 2008	Reg. No.	55,340

RECEIVED  
CENTRAL FAX CENTER

MAR 12 2008

PTO/SB/17 (10-07)

Approved for use through 06/30/2010. OMB 0851-0032  
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

<i>Effective on 12/08/2004.</i> <i>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</i>		<i>Complete If Known</i>	
<b>FEE TRANSMITTAL</b> <b>For FY 2008</b>		Application Number	10/516,733-Conf. #8573
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Filing Date	December 6, 2004
<b>TOTAL AMOUNT OF PAYMENT</b> <b>(\$)</b> <b>1,050.00</b>		First Named Inventor	You-Ping Chan
		Examiner Name	D. Lukton
		Art Unit	1654
		Attorney Docket No.	022290.0122PTUS

<b>METHOD OF PAYMENT</b> (check all that apply)					
<input type="checkbox"/> Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____					
<input type="checkbox"/> Deposit Account   Deposit Account Number: <u>50-2228</u> Deposit Account Name: <u>Patton Boggs LLP</u>					
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)					
<input type="checkbox"/> Charge fee(s) indicated below			<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee		
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17			<input checked="" type="checkbox"/> Credit any overpayments		

<b>FEE CALCULATION</b>										
<b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>										
<b>Application Type</b>	<b>FILING FEES</b>		<b>SEARCH FEES</b>		<b>EXAMINATION FEES</b>					
	<b>Fee (\$)</b>	<b>Small Entity Fee (\$)</b>	<b>Fee (\$)</b>	<b>Small Entity Fee (\$)</b>	<b>Fee (\$)</b>	<b>Small Entity Fee (\$)</b>	<b>Fees Paid (\$)</b>			
Utility	310	155	510	255	210	105	_____			
Design	210	105	100	50	130	65	_____			
Plant	210	105	310	155	160	80	_____			
Reissue	310	155	510	255	620	310	_____			
Provisional	210	105	0	0	0	0	_____			
						<b>Small Entity</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>		
						50	25	_____		
						210	105	_____		
						370	185	_____		
						<b>Multiple Dependent Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>		
						_____	_____	_____		
						<b>Total Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>	
						- 47 =	x	=	_____	
						HP = highest number of total claims paid for, if greater than 20.				
						<b>Indep. Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>	
						- 6 =	x	=	_____	
						HP = highest number of independent claims paid for, if greater than 3.				
						<b>3. APPLICATION SIZE FEE</b>			<b>Fee (\$)</b>	
						If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).			<b>Fee (\$)</b>	
						Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	<b>Fee Paid (\$)</b>
						- 100 =	/50 =	(round up to a whole number) x	=	<b>Fees Paid (\$)</b>
						Other (e.g., late filing surcharge): <u>1253 Extension for response within third month:</u>				1,050.00
						<b>4. OTHER FEE(S)</b>				

<b>SUBMITTED BY</b>	
Signature	
Name (Print/Type)	Lacy L. Kolo
Registration No. (Attorney/Agent)	55,340
Telephone	(703) 744-8000
Date	March 12, 2008

3684522

RECEIVED  
CENTRAL FAX CENTER  
MAR 12 2008

PTO/SB/97 (09-04)

Approved for use through 07/31/2008. OMB 0651-0031

U. S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

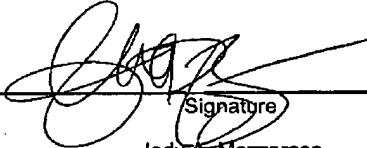
Application No. (if known): 10/516,733

Attorney Docket No.: 022290.0122PTUS

### Certificate of Transmission under 37 CFR 1.8

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office.

on March 12, 2008  
Date

  
Signature

Jody A. Mazzarese

Typed or printed name of person signing Certificate

Registration Number, if applicable

(703) 744-8041

Telephone Number

Note: Each paper must have its own certificate of transmission, or this certificate must identify each submitted paper.

Transmittal (1 page)

Fee Transmittal (1 page)

Petition for Extension of Time (1 page)

Amendment in Response to Non-Final Office Action (12 pages)

Credit Card Payment Form (1 page)

3684519